



State of Utah
Department of Workforce Services
CHANGE REPORT FORM

Date Received:

Name: _____ SS#: _____ Case #: _____

We no longer need the following types of assistance: ☐ Financial ☐ Medicaid ☐ Food Stamps ☐ Child Care

Reason: _____ Signature: _____

Complete and sign this form only if you have a change! Please contact your worker if you have questions.
You are required to report different things depending on what kind of benefits you receive. If you have questions about how to fill out this form, call your local DWS office. Please check only the boxes you have changes for. Remember to attach verifications for every item that has changed. You must report the following changes within 10 days. Any false or unreported information that is discovered may result in an overpayment and/or prosecution for fraud.

YOU MUST ALWAYS REPORT:

- If you move.
- If your total household income (before anything is taken out) becomes more than: _____ \$ _____ per month .

Please explain your changes: _____

AND If you receive CASH ASSISTANCE you must report:

- If you only have one child receiving cash assistance and that child moves out of your home.

Please explain your changes: _____

AND If you need FOOD STAMPS and you are able-bodied between the ages of 18-49 with no children living in your household you must also report:

- If your employment hours fall below 20 hours per week.

Please explain your changes: _____

AND If you receive CHILD CARE ASSISTANCE you must report:

- If a parent, stepparent, spouse or former spouse moves into the home, getting married, a child receiving child care moves out of the home.
- If a parent's and/or child's school schedules change so that child care is no longer needed during the hours of approved employment and/or training activities.
- No longer in an approved training or education program.
- Not meeting minimum work requirements. This includes termination of employment. (Single parents must be employed at least 15 hours per week. In two-parent households, one parent must work at least 15 hours per week while the other parent works at least 30 hours per week.)
- If you change your child care provider.

Please explain your changes: _____



AND If you receive **FOOD STAMPS** and you are elderly/disabled with no income received from working you must also report:

- Change in the income source, both earned and unearned.
- Change of more than \$50 for Food Stamps in monthly unearned income.
- Change in employment status:
 - Change in job hours from full-time to part-time or part-time to full-time
 - Change in wage rate or salary
 - Losing a job
- Change in household size or living arrangements.
- Gain of a vehicle.
- Change in assets that reach or exceed the asset limit of \$3,000.
- Change in shelter costs as a result of moving.
- Change in legal obligation to pay child support.

Please explain your changes: _____

AND If you receive **MEDICAL ASSISTANCE** you must report:

- Change of an income source.
- Change of more than \$25 in gross monthly income.
- Receipt of a lump sum from any source:
 - Insurance payments
 - Accident or injury awards
- Change in assets:
 - Gaining or losing a vehicle
 - Opening a bank account
- Change of more than \$25 in total allowable deductions.
- Change in health insurance.
- Change in household size, living arrangements or marital status.
- Change in the type of residence such as entering or leaving an institution.

Please explain your changes: _____

Agreement to report:

I, _____, read or had read to me the statements above. I understand those statements. I understand I must report changes in my situation within 10 days of the day I learn of the change to my local Department of Workforce Services or Bureau of Eligibility Services office. I understand I will then have 10 days to provide verification of the reported change. I understand that any false or unreported information that is discovered may result in prosecution for fraud. I understand that I may request a fair hearing if I disagree with any action made on, my case.

Customer Signature

Date

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.